

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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STATE OF HAWAII STATE ETHICS COMMISSIDE

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE .
Velasco	Nicole	A.	539-0400
MAILING ADDRESS (Street)	FAX 533-4945		
1099 Alakea Street, S	EMAIL nvelasco@awlaw.com		
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (F	o lobby) TELEPHONE		
Ashford & Wriston LLF	539-0400		
MAILING ADDRESS (Street)	FAX 533-4945		
1099 Alakea Street, S	EMAIL		
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU	TELEPHONE	
American Beverage Asso	202-463-6702 FAX EMAIL	
MAILING ADDRESS (Street)		
1101 16th Street NW		
(City)	(State)	(Zip Code)
Washington	DC	20036
NAME OF PERSON RESPONSIBLE F	TELEPHONE	
James A. McGreevy III	202-463-6702	
MAILING ADDRESS (Street)	FAX 202-659-5349	
1101 16th Street NW		EMAIL
(City)	(State)	(Zip Code)
Washington	DC	20036

LREG 09/2009

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	<b>☑</b> Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
Muly a. Vellesco			-05-13			
(Signature of Lobbyist)			(Date)			
PART V AUTHORIZAT	ION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
James A. McGreevy III						
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
American Beverage Association			202-463-6702			
MAILING ADDRESS (Street)			FAX 202-659-5349			
1101 16th Street NW			EMAIL			
(City)	(State)		(Zip Code)			
Washington	DC		20036			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
// Ma O 3/22/12						
- June	windy		161117			
(Signature of A	uthorizing Officer or Person Repres	sentea)	(Date)			